OFFICE OF THE CHAPTER 13 STANDING TRUSTEE

Isabel C. Balboa Chapter 13 Standing Trustee Cherry Tree Corporate Center 535 Route 38, Suite 580 Cherry Hill, NJ 08002-2977 (856) 663-5002

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEW JERSEY (Camden)

Proceedings in Chapter 13 In Re: PATRICK A. ROOD

Debtor(s).

TRUSTEE'S STATEMENT PURSUANT TO 11 U.S.C. §§ 1302(c), 1106(a)(3), and 1106(a)(4)

Case No.: 19-17045-JNP

The Chapter 13 Standing Trustee hereby submits this Statement of Investigation of the financial affairs of the Debtor(s) pursuant to 11 U.S.C. §§ 1302(c), 1106(a)(3) and 1106(a)(4).

- 1. The Trustee's office has conducted a § 341(a) Meeting of Creditors and a business examination which consisted of the review of the Petition, Schedules A - J, Statement of Financial Affairs, and Statement of Current Monthly Income, including a comparison between the Debtor(s)' filed petition and schedules and Certification of Business Debtor (attached hereto as Exhibit "A").
- 2. The Trustee, except to the extent that the Court orders otherwise, has investigated the acts, conduct, assets, liabilities, and financial condition of the Debtor(s), the operation of the Debtor(s)' business and the desirability of the continuance of such business, and any other matter relevant to the case or to the formulation of a plan.
- 3. Furthermore, in connection with the investigation, the Trustee has not ascertained any fact pertaining to fraud, dishonesty, incompetence, misconduct, mismanagement or irregularity in the management of the affairs of Debtor(s), or to a cause of action available to the estate.

Dated: October 02, 2019 Respectfully submitted,

ICB: KES via first class mail:

PATRICK A. ROOD

/s/ ISABEL C. BALBOA ISABEL C. BALBOA Chapter 13 Standing Trustee

Form 20020-00-Trustee's Statement; Chapter 13 Standing Trustee

Case 19 774 CENTOF PROFILE CFIRCH 193 Free D1008/1909;16;28 Desc Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active Business

Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP), Partnership or Corporation

Debtor(s) Name:	Patrick Rood				
Case Number:	19-16823				
E-Mail:	patrickankerood@gmail.com				
I, as the Debtor(s) named above, being	I, as the Debtor(s) named above, being of full age & duly sworn upon my oath, depose and say:				
My business name is:	Patrick Rood Companies LLC				
The nature of my business is:	Tax preparation & Business consulting				
My business has a web page at:	www.roodfinancial.us				
My EIN* from the IRS is: (If no EIN# enter last 4 digits of SS#)	if no EIN# enter last 4 digits of				
*EIN# = Employer Identification Number also known as a Federal Tax Identification Number, used to identify a business entity.					
My business is a:					
Sole Proprietorship.	☑ Limited Liability Company. ☐ Limited Liability Partnership.				
Partnership.	Corporation.				
My business is located at:	226 chestnut St Westville NJ 08093				
This property is:					
wowned by myself and/or spouse.					
owned by a relative of Debtor(s) and/or relative of spouse.					
leased (with a written lease).					
leased (without a written lease).					
My business started: (mm/dd/yyyy)	01/01/2008				
My ownership interest in business is (%):	100%				

Page 3 of 16 Individual Income Tax Returns have been filed with the IRS through the year ending: 12/31/2011. 12/31/2012. 12/31/2013. 12/31/2014. 12/31/2015. 12/31/2016. 12/31/2017. 12/31/2018. **1**2/31/2019. 12/31/2020. Not Required. Partnership or Corporate Tax Returns have been filed with the IRS through the year ending: 12/31/2011. 12/31/2012. 12/31/2013. 12/31/2014. 12/31/2015. 12/31/2016. 12/31/2017. 12/31/2018. 12/31/2019. 12/31/2020. ✓ Not Required. My business has, other than the owner(s), partner(s), and share holders/members: ☐ W-2 Employees. Sub-Contractors for which 1099-MISC are issued. Both Employees & Sub-Contractors. Casual Laborers for which no 1099-MISC are required. No Employees or Sub-Contractors. W-2s have been issued to all employees through the year ending: 12/31/2011. 12/31/2012. **1**2/31/2013. 12/31/2014. 12/31/2015. 12/31/2016. 12/31/2017. 12/31/2018. 12/31/2019. 12/31/2020. Not Required. 1099-MISCs have been issued to all non-W-2 employees through the year ending: 12/31/2011. 12/31/2012. 12/31/2013. 12/31/2014. 12/31/2015. 12/31/2016. 12/31/2017. 12/31/2018. 12/31/2019. 12/31/2020. Not Required. My business has paid FUTA taxes through the year ending: 12/31/2011. 12/31/2012. 12/31/2013. 12/31/2014. 12/31/2015. 12/31/2016. 12/31/2017. 12/31/2018. 12/31/2019. 12/31/2020. Not Required. My business has paid FICA taxes through the year ending: 12/31/2011. 12/31/2012. 12/31/2013. 12/31/2014. 12/31/2015. 12/31/2017. 12/31/2018. 12/31/2019. 12/31/2020. 12/31/2016.

Case 19-17045-JNP

✓ Not Required.

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My business has paid a	ll applicable Sta	ite taxes throu	•				
12/31/2011.	12/31/2012	2. 🔲 🗆	12/31/2013.	12/31/20)14.	12/31/2015	5.
<u>12/31/2016.</u>	12/31/2017	7.	12/31/2018.	12/31/20)19.	12/31/2020).
Not Required.							
My business has paid S	S&U taxes throu	gh the year er	nding:				
12/31/2011.	12/31/2012	2.	12/31/2013.	12/31/20)14.	12/31/2015	5.
<u>12/31/2016.</u>	12/31/2017	. <u> </u>	12/31/2018.	12/31/20)19.	12/31/2020).
✓ Not Required.	_	_		<u> </u>		_	
My business had "trade							
payment arrangements	with:						
The Bankruptcy Control through the creation		or payables. T	Trade credit is	ns extend to other fine exchan supplies to debtor.		-	
My business accounts i	receivable						
total:							
My business accounts J	payable total:						
My business has the fo	llowing insuran	ce coverage:					
Comprehensive Ge	eneral Liability (CGL).	Dram S	hop Insurance.			
Errors & Omission	s Insurance (E&	cO).	Liquor I	Liability Insurance.			
Malpractice Insura	nce.		Property	y Insurance (for bus	siness prop	perty).	
Vehicle Insurance	(for business vel	nicle(s)).	No Insu	rance Required.			
Other:							
My business has a licer Permit in accordance w requirements that is:		Active. Not Require	uired.	Non-Active.	Ex	pired.	
My business:		has		pledged any bu	pledged any business receivables, rents, profit		rofits, or other
•		has not		cash as collater	cash as collateral for any loans.		
My business:		does		have a line of c	redit with	any financial ins	stitution.
		does not				<i>y</i>	
My business:		has		_	-	ed financial state ears preceding t	
		✓ has not		bankruptcy pro	-	curs proceding t	ne ming or uni
My business:		does		have a pension,	401(k), pr	rofit-sharing, or	other
		does not		retirement plan	_	•	

Case 19-17045-JNP Doc 36 Filed 10/08/19 Entered 10/08/19 09:16:28 Desc Page 5 of 16

My business has the following bank accounts:					
Checking.	Savings.	Money Market.			
Federal Credit Union.	Paypal Account.	No Account(s).			
Other					
Debtor(s), non-Debtor(s)' spor	use, and/or significant other(s)	have the following personal accounts:			
Checking.	Savings.	Money Market.			
Federal Credit Union.	Paypal Account.	No Account(s).			
Other					
My business assets total:	2000.00	(including equipment, inventory and accounts).			
YOU MUST SUPPLY THE FO	OLLOWING DOCUMENT(S) V	WITH THIS CERTIFICATION OF BUSINESS DEBTOR:			
		HIP PROVIDE COPIES OF THE ORGANIZATIONAL TER, PARTNERSHIP AGREEMENT, OR CERTIFICATE			
		RETURNS, ALONG WITH ALL SUPPORTING SS#s (XXX-XX-1234), dependent(s)' names and birth dates.			
insurance is not provided to	PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.				
(See www.nj.gov/njbusiness	PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.				
PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.					
PROVIDE A COPY OF ALL PRIOR TO FILING.	· · ·				
PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.					
I declare, <u>as the Debtor(s) named above</u> , under penalty of perjury that the foregoing information is true and correct.					
I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)					
✓ I read and acknowledge R	✓ I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).				
I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.					
/s/ Print Debtor's Name:	Patrick A. Rood				
/s/ Print Co-Debtor's Name:					

Case 19-17045-JNP Doc 36 Filed 10/08/19 Entered 10/08/19 09:16:28 Desc Page 6 of 16

Dated (mm/dd/yyyy): 03/20/2019

Case 19 774 CENTOF PROFILE CFIRCH 193 Free D1008/1909;16;28 Desc Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active Business

Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP), Partnership or Corporation

Debtor(s) Name:	Anke Van Der Burgh			
Case Number:				
E-Mail:	patrickankerood@gmail.com			
I, as the Debtor(s) named above, being	g of full age & duly sworn upon my oath, depose and say:			
My business name is:	Rusky Buisness LLC			
The nature of my business is:	Retail Baking			
My business has a web page at:	www.ruskybuisness.us			
My EIN* from the IRS is: (If no EIN# enter last 4 digits of SS#)	83-3480176			
*EIN# = Employer Identification Nu	umber also known as a Federal Tax Identification Number, used to identify a business entity.			
My business is a:				
O Sole Proprietorship.	Limited Liability Company. Limited Liability Partnership.			
O Partnership.	Corporation.			
My business is located at:	226 Chestnut St Westville Nj 08093			
This property is:				
owned by myself and/or spouse.				
owned by a relative of Debtor(s) and/or relative of spouse.				
leased (with a written lease).				
leased (without a written lease).				
My business started: (mm/dd/yyyy)	02/28/2019			
My ownership interest in business is (%):	100%			

Case 19-17045-JNP Doc 36 Filed 10/08/19 Entered 10/08/19 09:16:28 Desc Page 8 of 16 Individual Income Tax Returns have been filed with the IRS through the year ending: 12/31/2012. 12/31/2011. 12/31/2013. \bigcirc 12/31/2014. 12/31/2015. 12/31/2016. \bigcirc 12/31/2017. \bigcirc 12/31/2018. \bigcirc 12/31/2019. \bigcap 12/31/2020. Not Required. Partnership or Corporate Tax Returns have been filed with the IRS through the year ending: \bigcap 12/31/2011. \bigcap 12/31/2012. \bigcirc 12/31/2013. \bigcap 12/31/2014. \bigcirc 12/31/2015. 12/31/2016. \bigcirc 12/31/2017. 12/31/2018. \bigcirc 12/31/2019. \bigcap 12/31/2020. Not Required. My business has, other than the owner(s), partner(s), and share holders/members: W-2 Employees. O Sub-Contractors for which 1099-MISC are issued. Both Employees & Sub-Contractors. Casual Laborers for which no 1099-MISC are required. No Employees or Sub-Contractors. W-2s have been issued to all employees through the year ending: \bigcap 12/31/2011. 12/31/2012. 12/31/2013. 12/31/2014. \bigcirc 12/31/2015. 12/31/2016. \bigcirc 12/31/2017. 12/31/2018. \bigcirc 12/31/2019. \bigcap 12/31/2020. (Not Required. 1099-MISCs have been issued to all non-W-2 employees through the year ending: 12/31/2011. 12/31/2012. \bigcirc 12/31/2013. \bigcap 12/31/2014. \bigcirc 12/31/2015. 12/31/2016. 12/31/2017. 12/31/2018. 12/31/2019. 12/31/2020. Not Required. My business has paid FUTA taxes through the year ending: \bigcirc 12/31/2011. \bigcirc 12/31/2012. \bigcirc 12/31/2013. 12/31/2014. \bigcirc 12/31/2015. 12/31/2016. 12/31/2017. 12/31/2018. 12/31/2019. \bigcirc 12/31/2020.

My business has paid FICA taxes through the year ending:

 ○ 12/31/2011.
 ○ 12/31/2012.
 ○ 12/31/2013.
 ○ 12/31/2014.
 ○ 12/31/2015.

 ○ 12/31/2016.
 ○ 12/31/2017.
 ○ 12/31/2018.
 ○ 12/31/2019.
 ○ 12/31/2020.

Not Required.

Not Required.

Page 9 of 16 My business has paid all applicable State taxes through the year ending: O 12/31/2011. 12/31/2012. 12/31/2013. 12/31/2014. \bigcirc 12/31/2015. 12/31/2016. \bigcirc 12/31/2017. 12/31/2018. 12/31/2019. 12/31/2020. Not Required. My business has paid S&U taxes through the year ending: \bigcirc 12/31/2011. 12/31/2012. 12/31/2013. 12/31/2014. 12/31/2015. 12/31/2016. 12/31/2017. \bigcirc 12/31/2018. 12/31/2019. 12/31/2020. Not Required. My business had "trade credit" or payment arrangements with: The Bankruptcy Code defines Trade Credit as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of credit by debtor to creditors or the extension of creditors' supplies to debtor. My business accounts receivable **I**\$0.00 total: \$0.00 My business accounts payable total: My business has the following insurance coverage: Comprehensive General Liability (CGL). Dram Shop Insurance. Errors & Omissions Insurance (E&O). Liquor Liability Insurance. Malpractice Insurance. Property Insurance (for business property). Vehicle Insurance (for business vehicle(s)). No Insurance Required. Other: Non-Active. My business has a license and/or Active. Expired. Permit in accordance with NJ's Not Required. requirements that is: My business: pledged any business receivables, rents, profits, or other (has cash as collateral for any loans. has not My business: have a line of credit with any financial institution. does does not My business: completed and/or provided financial statements to a third \bigcap has party within the two (2) years preceding the filing of this has not bankruptcy proceeding. My business: O does have a pension, 401(k), profit-sharing, or other retirement plan.

does not

Case 19-17045-JNP

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Case 19-17045-JNP Doc 36 Filed 10/08/19 Entered 10/08/19 09:16:28 Desc Page 10 of 16

My business has the following bank accounts:						
Checking.	Sav	rings.	Money Market.			
Federal Credit	Jnion. Pay	pal Account.	No Account(s).			
Other						
Debtor(s), non-Deb	or(s)' spouse, and/o	or significant other(s) h	nave the following personal accounts:			
Checking.	✓ Sav	rings.	Money Market.			
Federal Credit	Jnion. Pay	pal Account.	No Account(s).			
Other						
My business assets	otal:	\$450.00	(including equipment, inventory and accounts).			
YOU MUST SUPPL	Y THE FOLLOWI	NG DOCUMENT(S) W	TITH THIS CERTIFICATION OF BUSINESS DEBTOR:			
DOCUMENTS I	IF BUSINESS IS OTHER THAN A SOLE PROPRIETORSHIP PROVIDE COPIES OF THE ORGANIZATIONAL DOCUMENTS FILED WITH THE STATE (i.e. LLC CHARTER, PARTNERSHIP AGREEMENT, OR CERTIFICATE OF INCORPORATION.					
1* 1		` /	ETURNS, ALONG WITH ALL SUPPORTING 5#s (XXX-XX-1234), dependent(s)' names and birth dates.			
insurance is not p	PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.					
(See www.nj.gov	PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.					
PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.						
	PROVIDE A COPY OF ALL FINANCIAL STATEMENTS PROVIDED TO A THIRD PARTY IN THE TWO (2) YEARS PRIOR TO FILING.					
PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.						
I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct.						
I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)						
✓ I read and ackn	✓ I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).					
I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.						
/s/ Print Debtor's Na	ime: Dirgh	Anke Van Der Burgh				
/s/ Print Co-Debtor'	s Name:					

Case 19-17045-JNP Doc 36 Filed 10/08/19 Entered 10/08/19 09:16:28 Desc Page 11 of 16

Dated (mm/dd/yyyy):

05/15/2019

Case 19 774 CENTOF DPF 16 CFiled 19/08/193 Entered 19/08/1909 16/28 Desc Page 12 of 16 Isabel C. Balboa, Chapter 13 Standing Trustee

Certification of Business Debtor for Active Business

Sole Proprietorship, Limited Liability Company (LLC), Limited Liability Partnership (LLP), Partnership or Corporation

Debtor(s) Name:	Patrick Rood			
Case Number:				
E-Mail:	roodowners@roodfinancial.us			
I, as the Debtor(s) named above, being	g of full age & duly sworn upon my oath, depose and say:			
My business name is:	Patrick Rood Companies LLC			
The nature of my business is:	Tax services & Ride sharing for promotional purposes			
My business has a web page at:	www.roodfinancial.us			
My EIN* from the IRS is: (If no EIN# enter last 4 digits of SS#)	45-0943842			
*EIN# = Employer Identification Number also known as a Federal Tax Identification Number, used to identify a business entity.				
My business is a:				
O Sole Proprietorship.	Limited Liability Company. Limited Liability Partnership.			
O Partnership.	Orporation.			
My business is located at:	226 Chestnut St Westville Nj 08093			
This property is:				
• owned by myself and/or spouse.				
owned by a relative of Debtor(s) and/or relative of spouse.				
leased (with a written lease).				
O leased (without a written lease).				
My business started: (mm/dd/yyyy)	02/28/2019			
My ownership interest in business is (%):	100%			

Case 19-17045-JNP Doc 36 Filed 10/08/19 Entered 10/08/19 09:16:28 Desc Page 13 of 16
Individual Income Tax Returns have been filed with the IRS through the year ending:

marriadar meeme	rum rectaring nave seem is	ned with the fits through	in the year ename.	
12/31/2011.	12/31/2012.	12/31/2013.	12/31/2014.	12/31/2015.
12/31/2016.	12/31/2017.	12/31/2018.	12/31/2019.	12/31/2020.
O Not Required.				
Partnership or Corp	orate Tax Returns have	been filed with the IRS	through the year ending	:
12/31/2011.	12/31/2012.	12/31/2013.	12/31/2014.	12/31/2015.
12/31/2016.	12/31/2017.	12/31/2018.	12/31/2019.	12/31/2020.
O Not Required.				
My business has, or	ther than the owner(s), p	artner(s), and share hold	lers/members:	
W-2 Employee	S.			
Sub-Contractor	s for which 1099-MISC	are issued.		
O Both Employee	es & Sub-Contractors.			
Casual Laborer	s for which no 1099-MI	SC are required.		
No Employees	or Sub-Contractors.			
W-2s have been iss	ued to all employees thre	ough the year ending:		
12/31/2011.	12/31/2012.	12/31/2013.	12/31/2014.	12/31/2015.
12/31/2016.	12/31/2017.	12/31/2018.	12/31/2019.	12/31/2020.
Not Required.				
1099-MISCs have b	peen issued to all non-W	-2 employees through the	ne year ending:	
12/31/2011.	12/31/2012.	12/31/2013.	12/31/2014.	12/31/2015.
12/31/2016.	12/31/2017.	12/31/2018.	12/31/2019.	12/31/2020.
Not Required.				
My business has pa	id FUTA taxes through	the year ending:		
12/31/2011.	12/31/2012.	12/31/2013.	12/31/2014.	12/31/2015.
12/31/2016.	12/31/2017.	12/31/2018.	12/31/2019.	12/31/2020.
Not Required.				
My business has pa	id FICA taxes through the	ne year ending:		
12/31/2011.	12/31/2012.	12/31/2013.	12/31/2014.	12/31/2015.
12/31/2016.	12/31/2017.	12/31/2018.	12/31/2019.	12/31/2020.

Not Required.

Case 19-17045-JNP Doc 36 Filed 10/08/19 Entered 10/08/19 09:16:28 Desc Page 14 of 16 My business has paid all applicable State taxes through the year ending: \bigcap 12/31/2011. 12/31/2012. 12/31/2013. \bigcirc 12/31/2014. \bigcirc 12/31/2015. \bigcirc 12/31/2016. \bigcirc 12/31/2017. 12/31/2018. 12/31/2019. 12/31/2020. Not Required. My business has paid S&U taxes through the year ending: \bigcirc 12/31/2011. 12/31/2012. 12/31/2013. 12/31/2014. 12/31/2015. 12/31/2016. 12/31/2017. \bigcirc 12/31/2018. 12/31/2019. 12/31/2020. Not Required. My business had "trade credit" or payment arrangements with: The Bankruptcy Code defines Trade Credit as credit that firms extend to other firms in the ordinary course of business through the creation of receivables or payables. Trade credit involves the exchange of credit by debtor to creditors or the extension of creditors' supplies to debtor. My business accounts receivable **I**\$0.00 total: \$0.00 My business accounts payable total: My business has the following insurance coverage: Comprehensive General Liability (CGL). Dram Shop Insurance. Errors & Omissions Insurance (E&O). Liquor Liability Insurance. Malpractice Insurance. Property Insurance (for business property). Vehicle Insurance (for business vehicle(s)). No Insurance Required. Other: Non-Active. My business has a license and/or Active. Expired. Permit in accordance with NJ's Not Required. requirements that is: My business: pledged any business receivables, rents, profits, or other (has cash as collateral for any loans. has not My business: have a line of credit with any financial institution. does does not My business: completed and/or provided financial statements to a third \bigcap has party within the two (2) years preceding the filing of this has not

O does

does not

My business:

bankruptcy proceeding.

retirement plan.

have a pension, 401(k), profit-sharing, or other

Case 19-17045-JNP Doc 36 Filed 10/08/19 Entered 10/08/19 09:16:28 Desc Page 15 of 16

My l	My business has the following bank accounts:				
•	Checking.	Savings.	Money Market.		
	Federal Credit Union.	Paypal Account.	No Account(s).		
	Other				
Deb	tor(s), non-Debtor(s)' spouse, a	and/or significant other(s) ha	ave the following personal accounts:		
v	Checking.	Savings.	Money Market.		
	Federal Credit Union.	Paypal Account.	No Account(s).		
	Other				
My	business assets total:	\$2,500.00	(including equipment, inventory and accounts).		
VOI	I MUST SUPPLY THE FOLLO	OWING DOCUMENT(S) WI	ITH THIS CERTIFICATION OF BUSINESS DEBTOR:		
			P PROVIDE COPIES OF THE ORGANIZATIONAL		
			ER, PARTNERSHIP AGREEMENT, OR CERTIFICATE		
			ETURNS, ALONG WITH ALL SUPPORTING #s (XXX-XX-1234), dependent(s)' names and birth dates.		
Ш ;	PROVIDE A COPY OF THE CURRENT INSURANCE POLICIES DECLARATION PAGE. NOTE: If proof of effective insurance is not provided to the Trustee within ten (10) days prior to the first scheduled 341(a) Meeting of Creditors, the Trustee may move to dismiss this case.				
Ш,	PROVIDE A COPY OF THE CURRENT LICENSES AND PERMITS IN ACCORDANCE WITH THE STATE OF NJ (See www.nj.gov/njbusiness/licenses/) PLUS MUNICIPAL AND COUNTY LICENSES AND CERTIFICATIONS, IN WHICH YOUR BUSINESS IS LOCATED, AS REQUIRED.				
· ·	PROVIDE COPIES OF ALL BANK STATEMENTS FOR ALL BUSINESS & PERSONAL ACCOUNTS FOR THE ONE (1) YEAR PRIOR TO FILING. IF AN ACCOUNT HAS BEEN CLOSED WITHIN THE ONE (1) YEAR PRIOR TO FILING, PROVIDE THE LAST STATEMENT SHOWING THE ACCOUNT CLOSED or A LETTER FROM THE BANK INDICATING SAME. Bank Statements should include all pages and have all account numbers redacted except for the last four digits. A computer print out will not be accepted.				
	PROVIDE A COPY OF ALL FINANCIAL STATEMENTS PROVIDED TO A THIRD PARTY IN THE TWO (2) YEARS PRIOR TO FILING.				
	PROVIDE A PROFIT AND LOSS STATEMENTS FOR THE SAME TIME PERIOD AS THE BANK STATEMENTS PROVIDED.				
I declare, as the Debtor(s) named above, under penalty of perjury that the foregoing information is true and correct.					
	I have attached all required documents requested (i.e. Tax Returns, Declaration Page for Insurance, License, Bank Statements, Financial Statements, and Profit and Loss Statement.)				
v	✓ I read and acknowledge Responsibilities as a Business Debtor (www.standingtrustee.com/forms).				
	I understand that filing this document under the Trustee's Filing System (T.F.S.) constitutes the Participant's signature for purposes of signing the document under Fed. R. Bankr. P. 9011.				
/s/ P	rint Debtor's Name:	Patrick Rood			
/s/ P	rint Co-Debtor's Name:				

Case 19-17045-JNP Doc 36 Filed 10/08/19 Entered 10/08/19 09:16:28 Desc Page 16 of 16

Dated (mm/dd/yyyy):

05/15/2019